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appropriate. All further indicated unless correcte maintenance fee notificate	ed below or directed oth	ng the Patent, advance or herwise in Block 1, by (a	rders and notification of a) specifying a new com	maintenance fees was pondence address;	rill be mailed to and/or (b) indica	the current conting a separa	te "FEE ADDRESS" for
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LAW OFFICE 579 THOMPSO EAST HAVEN,			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmits is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
							(Depositor's name)
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							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOC	KET NO.	CONFIRMATION NO.
10/550,076 09/20/2005 Fitz Walker JR. BAR 20299 1677 FITLE OF INVENTION: SYSTEM AND METHOD FOR RAPIDLY IDENTIFYING PATHOGENS, BACTERIA AND ABNORMAL CELLS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL	FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$	1020	03/10/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
JOHNS, AN		2624	382-133000				
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.		nge of Correspondence Indication form and Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Bartron Medical Imaging, LLC New Haven, CT							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
Advance Order -	No small entity discount p	permitted)	4b. Payment of Fee(s): (Please first reapply any previously pald issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
	tus (from status indicateds SMALL ENTITY state	•	b. Applicant is no lo	nger claiming SMA	I.I. FNTITY statu	s Sec 37 CFF	2 1 27(e)(2)
NOTE: The Issue Fee an	d Publication Fee (if req		d from anyone other than				assignee or other party in
Authorized Signature		A. Nums		Date 1	-22-2008		
Typed or printed name Raymond A. Nuzzo			Registration No. 37199				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.							